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CONFIRMATION NO. 4555

<b>SERIAL NUMBER</b> 10/788,889	<b>FILING OR 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 430	<b>GROUP ART UNIT</b> 1756	<b>ATTORNEY DOCKET NO.</b> 303.867US1
<b>APPLICANTS</b> Kevin Shea, Boise, ID; Kevin Torek, Meridian, ID; <b>** CONTINUING DATA *****</b> <i>none, cos</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none, cos</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/19/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>cos</i> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> ID	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 50
			<b>INDEPENDENT CLAIMS</b> 12	
<b>ADDRESS</b> 21186				
<b>TITLE</b> Surface treatment of a dry-developed hard mask and surface treatment compositions used therefor				
<b>FILING FEE RECEIVED</b> 2214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	